

Division of Health Care Facilities

|  |  |   |  |  |
|--|--|---|--|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                        |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>TNP541146</b>                 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01 - STATE BUILDING</b><br><br>B. WING _____                               | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>06/23/2021</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>VANDERBILT DIALYSIS CLINIC EAST</b> |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>20 RACHEL DRIVE</b><br><b>NASHVILLE, TN 37214</b> |  |  |
| (X4) ID<br>PREFIX<br>TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE   |
| T 002  | 1200-8-32 No Deficiencies<br><br>This Rule is not met as evidenced by:<br>A life safety complaint investigation survey was<br>conducted on 06/23/2021, during the complaint<br>investigation, Vanderbilt Dialysis Clinic East was<br>found in compliance with the Life Safety Code<br>requirements of the Tennessee Department of<br>Health, Board of Licensing Health Care Facilities<br>and Chapter 1200-08-32 Standards for End<br>Stage Renal Dialysis Clinics and National Fire<br>Protection Association (NFPA) 101 Life Safety.<br>(2012 Edition) | T 002   |  |  |

Division of Health Care Facilities  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE